

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO. 10800028 FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3		1		1		
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TOTAL NO.	3		3			
TOTAL OFF.	21		29			
TOTAL	24		32			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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